



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division**

Telephone: (860) 713-6210

Email: dcp.liquorcontrol@ct.gov

Website: www.ct.gov/dcp/liquorcontrol

**Grocery Store Beer Permit
Breakdown of Sales**

➔ **This form must be completed if applying for a grocery beer permit in accordance with CGS Section 30-20(c)**

Name of Permittee (First Name, Middle Initial, Last Name)			
Name of Business			
Business Street Address	City	State	Zip

In order to determine your eligibility to obtain a grocery beer permit you must provide the following sales data for the most recent month of business operation. This information should reflect monetary sales for that month in each of the categories noted below. Please use whole dollar values. (Estimate Figures are NOT Acceptable)

Date of Sales - Beginning Date: _____		Ending Date: _____	
1. Dairy products: (i.e. butter, cheese, milk, cream, ice cream and other milk products)	Month's sales in dollars:	For Liquor Control Use	
2. Eggs & Poultry:	Month's sales in dollars:		
3. Fruits & Vegetables:	Month's sales in dollars:		
4. Seafood:	Month's sales in dollars:		
5. Bakery products:	Month's sales in dollars:		
6. Grocery items: (all edible items other than those noted above including, but not limited to, canned goods, dry goods, meats, tea, coffee, spices, sugar, flour, cereal, juices & drinks, frozen food)	Month's sales in dollars:		
7. Candies, Nuts and Confectioneries (Sweets):	Month's sales in dollars:		
8. Food items consumed on premises:	Month's sales in dollars:		
9. Take-out foods: (i.e. sandwiches, salads, coffee & rolls)	Month's sales in dollars:		
10. Non-edible items: (i.e. tobacco, health/beauty aids, paper products, magazines, newspapers)	Month's sales in dollars:		
11. Gasoline:	Month's sales in dollars:		
12. Beer: (If grocery beer permit is active on premises)	Month's sales in dollars:		

TOTAL	
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I certify under penalty of law that the information provided in this statement is true to the best of my knowledge:	
Signature of Permittee, Backer or Authorized Representative of the Backer:	
X _____	Date: _____